

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 142791**

1. Entity Name  
**OCALA LUMBER COMPANY**



Principal Place of Business  
**1317 N MAGNOLIA AVE  
P.O. BOX 1389 (32678)  
OCALA, FL 34475 US**

Mailing Address  
**1317 N MAGNOLIA AVE  
P.O. BOX 1389 (32678)  
OCALA, FL 32670**



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0265396</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOXON, HENRY J G  
1317 N. MAGNOLIA AVE  
P O BOX 1389  
OCALA, FL 32670**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retesting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PDT
NAME	MOXON, HENRY JG
STREET ADDRESS	1317 N MAGNOLIA AVE
CITY - ST - ZIP	OCALA, FL
TITLE	VDS
NAME	SWEARINGEN, MARJORIE A M
STREET ADDRESS	1317 N. MAGNOLIA AVE
CITY - ST - ZIP	OCALA, FL
TITLE	D
NAME	MOXON, MARJORIE L
STREET ADDRESS	1317 N MAGNOLIA AVE
CITY - ST - ZIP	OCLA, FL
TITLE	D
NAME	SWEARINGEN, DONALD G
STREET ADDRESS	1317 N. MAGNOLIA AVE.
CITY - ST - ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000668326  
03/27/07-80025-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry J. G. Moxon **HENRY J. G. MOXON, PRES.** 3/14/07 752/772-2924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #